

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4168

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>5143</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southwest of Breckenridge</u>				d. STREET ADDRESS (If rural, give location) <u>Southwest of Breckenridge</u>			
3. NAME OF DECEASED (Type or Print) <u>LEWIS</u>		a. (First)		b. (Middle)		c. (Last) <u>HILL</u>	
4. DATE OF DEATH <u>Jan. 18 1949</u>		(Month)		(Day)		(Year)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 4 1868</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Hillsville Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Ben Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Florence Hill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred Hill Rural, Breckenridge</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatitis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age</u> DUE TO (c) <u>1.11X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Caldwell Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 8, 1949</u> , to <u>Jan 18, 1949</u> , that I last saw the deceased alive on <u>Jan 18, 1949</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Underwood</u>		23b. ADDRESS <u>P.O. 2 Breckenridge Mo</u>		23c. DATE SIGNED <u>Feb 2-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Radical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caldwell Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-8-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		573 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michael</u>		ADDRESS <u>Braymer, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Lem C. Michael

Licensed Embalmer No. *4340*

P. O. Address *Braymer, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.